

# **Mental Health Transformation Council**

## **MINUTES January 26, 2009**

**NEXT MEETING: February 23, 2009 2:00 to 4:15 Stanley Hall 100**

### **Present**

Michael Hartman, Beth Tanzman, Ed Paquin, Ken Liberto, David Gallagher, Harvey Peck, Jean New, Paul Dupre, Bill McMains, Larry Lewack, Joanna Cole, Judy Rosenstreich, Norma Wasko, Kitty Gallagher, Jill Olson, , Jeff Rothenberg, Nick Emlen, Terry Rowe, Tom Simpatico, Wendy Beinner, Sharon Corkum, Anne Donahue, Donna Jerry

### **Participating in Today's Meeting**

Vermont Protection and Advocacy  
Vermont Association for Mental Health  
Vermont Council of Developmental and Mental Health Services  
Adult State Program Standing Committee  
Counterpoint  
National Alliance on Mental Illness-Vermont  
Washington County Mental Health/Vermont Council  
Clara Martin Center/Vermont Council  
Vermont Association of Hospitals and Health Systems  
Vermont Psychiatric Survivors  
Department of Mental Health  
Vermont State Hospital  
VSH/UVM/FAHC  
Advocates and Consumers  
BISHCA

The Advisory Council for Mental Health Services Transformation (the Transformation Council) received an update from Commissioner Hartman on the status of budget rescissions made with the Administration and the Joint Fiscal Committee in December. Many members expressed concern about these reductions and are concerned that more may come. The Commissioner offered that a final report on the rescissions, which were acted upon on a local agency basis, will be forthcoming after all the information has been received and confirmed with all the Designated and Special Services Agencies. The Commissioner also offered that there will be some further impact on the DA's due to an OVHA four percent rate reduction that will average about \$20,000 per agency. These will reduce the per unit rate paid to agencies for OVHA funded services by four percent from the current rate. Overall, the DMH funding of agencies and contracts for FY 2009 has been reduced by approximately seven million dollars. The Commissioner offered that

while no further reductions are being reviewed at this time, the financial instability nationwide does continue to impact Vermont, and that until there is some economic stabilization it will be difficult to predict the need for future reductions.

In response to this update, many members expressed concern that these reductions have impacted mental health services enough, and that further reductions will do significant harm to the system of care. Among the perceptions offered were that cuts in mental health funding may increase hospitalizations, incarcerations, and increase the vulnerability of persons in the community. Based on these concerns, many members offered that the Futures Plan should be reviewed, in light of these reductions, as the premise of what was needed to replace VSH services was not built upon the extreme financial conditions that have arisen.

After a long discussion, members adopted the following resolution on a vote of 12 in favor, none opposed, and one abstention based on not supporting the need for such a resolution at this point in time:

- 1) Rescissions have already broadly damaged the system, and further cuts will threaten its fundamental integrity; and
- 2) The assumptions of the Futures plan were based on the strength of the community system, and a change in policy regarding adequate support of this system will require a new analysis of the impact on the scope of future institutional needs.

Following this vote, the Commissioner offered that he would put forth the concerns expressed by members of the Council, but wanted to be clear that he was not endorsing the assumptions made via the resolution. He indicated that research currently being engaged upon by DMH has yet to indicate what the clear impact of the level of reductions to the system of care will be. While there were a number of statements made that hospitalizations and other services will increase due to reductions, the national and DMH data reviewed thus far indicate no clear pattern of services increase or inpatient hospitalization unique to time periods of reduced funding. Thus, while DMH shares the concerns the Council expressed, and also recognizes the current financial stresses are of a historic nature, more review would need to occur to substantiate the degree of impact stated by the resolution.

#### Changes in VSH Governing Body

Michael advised Council members of the department's decision to withdraw the proposal for the VSH Governing Body from the state's rulemaking process. As required under the Administrative Procedures Act, the proposed rule went before the Legislative Committee on Administrative Rules (LCAR) in December 2008. At that time, attorneys for LCAR offered that the proposed rule to establish a governing body that would be legally responsible for the conduct of Vermont State Hospital as an institution was not within the Commissioner's authority. The Commissioner will carry out these functions consistent with Vermont Statute. The VSH Governing Body members present at the last meeting agreed to continue to serve in an advisory capacity to the Commissioner.

Michael asked for Council members' thoughts on the governing body issue. In the discussion that followed, the role of the State Program Standing Committee for Adult Mental Health was identified as having a broad advisory role. Also noted was that Fletcher Allen and RRMC psychiatric services each have advisory groups. No advisory

group can exceed the board of directors' authority or, in the case of VSH, the authority of the Governor and Commissioner of Mental Health. The discussion reviewed the status of the Board of Mental Health, which has no members but remains in statute.

#### Futures Update

Beth summarized the ongoing planning and implementation work on the Futures project. We have 9 new crisis beds, the last two of which are an expansion of HowardCenter's ASSIST program. Planning for a Peer Alternative Crisis House is going forward since the awarding of a program development contract after a competitive bid process. An application for a Certificate of Approval for the Meadow View program is expected in mid-February. This program, combined with Second Spring, would bring the total number of community residential recovery beds created under Futures to twenty.

The concept of a secure residential recovery program continues under development following assessment of different renovation options. DMH is offering new construction as the most preferable in terms of how the physical plant needs to function to provide a recovery-oriented therapeutic programming environment. We are seeking more input from consumers and family members on the design of space and the program.

DMH is negotiating with Rutland Regional Medical Center (RRMC) to expand their psychiatric inpatient services to include VSH-level beds in a general hospital health care environment. Next steps include legislative input and development of a Certificate of Need (CON).

The proposal to locate new inpatient capacity with Fletcher Allen is linked to the medical center's master planning process, which will take place over several years.

#### PUBLIC COMMENT

Anne Donahue cited two items from today's meeting, indicating to her that DMH is not taking the consumer voice seriously. One was the decision about planning for the VSH Governing Body and the other was removal of the word *recovery* from the title of the Secure Residential Recovery (SRR) program.

The meeting adjourned at 4:15.

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